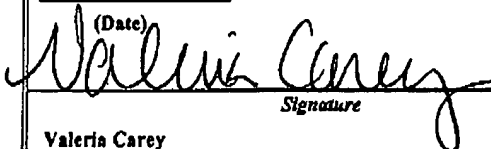
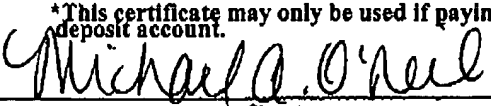


TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 700725-1003	
In Re Application of: Doug A. Kaufmann						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/798,691	3/11/04		38406	1614	6201	
Title: METHOD OF TREATING AND PREVENTING DIABETES						
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0856 as described below.						
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<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F&T-571-273-8300)				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		
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 Signature				_____ Signature of Person Mailing Correspondence		
Valeria Carey Typed or Printed Name of Person Signing Certificate				_____ Typed or Printed Name of Person Mailing Certificate		
*This certificate may only be used if paying by deposit account.						
 Signature				Dated: November 16, 2005		
CC: client						

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INFORMATION DISCLOSURE CITATION <i>(Use several sheets if necessary)</i>	Docket Number (Optional) 700725-1003	Application Number 10/798,691
	Applicant(s) Doug A. Kaufmann	
	Filing Date 3/11/04	Group Art Unit 1614

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

U.S. PATENT APPLICATION PUBLICATIONS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

FOREIGN PATENT DOCUMENTS

REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
						YES	NO

OTHER DOCUMENTS *(Including Author, Title, Date, Pertinent Pages, Etc.)*

		Donna Peehl, et al., Rationale for Combination Ketoconazole/Vitamin D Treatment of Prostate Cancer, Urology, Vol. 58, Issue no. Supplement 2A, 2001, pp. 123-126.

EXAMINER	DATE CONSIDERED
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EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.